

Table 13
North Carolina Medicaid
State Fiscal Year 2003
Expenditures for the Disabled & Blind

| <u>Type of Service</u> | <u>Disabled</u> | <u>Percent of Service Dollars</u> | <u>Blind</u> | <u>Percent of Service Dollars</u> | <u>Total Blind & Disabled Dollars</u> | <u>2003 % of Total Dollars</u> | <u>2002 % of Total Dollars</u> |
|--|-------------------------|-----------------------------------|----------------------|-----------------------------------|---|--------------------------------|--------------------------------|
| Inpatient Hospital | \$ 385,724,943 | 14.0% | \$ 1,831,369 | 6.4% | \$ 387,556,312 | 13.9% | 14.7% |
| Outpatient Hospital | 200,167,849 | 7.3% | 1,276,835 | 4.5% | 201,444,684 | 7.2% | 6.4% |
| Mental Hospital (> 65) | 16,740 | 0.0% | - | 0.0% | 16,740 | 0.0% | 0.0% |
| Psychiatric Hospital (< 21) | 7,080,671 | 0.3% | - | 0.0% | 7,080,671 | 0.3% | 0.2% |
| Physician | 169,798,726 | 6.2% | 1,156,850 | 4.0% | 170,955,576 | 6.2% | 7.0% |
| Clinics | 234,799,554 | 8.5% | 1,038,268 | 3.6% | 235,837,823 | 8.5% | 7.6% |
| Nursing Facility: | | | | | | | |
| Skilled Level | 69,866,151 | 2.5% | 1,401,695 | 4.9% | 71,267,846 | 2.6% | 2.6% |
| Intermediate Level | 43,484,669 | 1.6% | 1,150,280 | 4.0% | 44,634,949 | 1.6% | 1.7% |
| Intermediate Care Facility (Mentally Retarded) | 377,809,607 | 13.7% | 7,092,169 | 24.8% | 384,901,776 | 13.8% | 15.0% |
| Dental | 23,627,717 | 0.9% | 185,378 | 0.6% | 23,813,095 | 0.9% | 0.8% |
| Prescription Drugs | 569,595,501 | 20.7% | 4,135,509 | 14.4% | 573,731,010 | 20.6% | 19.3% |
| Home Health | 105,013,270 | 3.8% | 953,386 | 3.3% | 105,966,656 | 3.8% | 3.9% |
| CAP/Disabled Adult | 48,305,629 | 1.8% | 1,593,539 | 5.6% | 49,899,168 | 1.8% | 2.1% |
| CAP/Mentally Retarded | 249,844,956 | 9.1% | 2,796,935 | 9.8% | 252,641,891 | 9.1% | 9.5% |
| CAP/Children | 23,071,606 | 0.8% | 277,001 | 1.0% | 23,348,607 | 0.8% | 0.8% |
| Personal Care | 64,713,508 | 2.4% | 1,710,230 | 6.0% | 66,423,739 | 2.4% | 1.9% |
| Hospice | 9,925,921 | 0.4% | 170,949 | 0.6% | 10,096,871 | 0.4% | 0.3% |
| EPSDT (Health Check) | 1,201,005 | 0.0% | 5,573 | 0.0% | 1,206,577 | 0.0% | 0.1% |
| Lab & X-ray | 4,902,943 | 0.2% | 47,247 | 0.2% | 4,950,190 | 0.2% | 0.2% |
| Adult Home Care | 48,972,888 | 1.8% | 344,676 | 1.2% | 49,317,563 | 1.8% | 1.8% |
| High Risk Intervention Residential | 18,397,068 | 0.7% | - | 0.0% | 18,397,068 | 0.7% | 0.4% |
| Other Services | 36,250,283 | 1.3% | 213,624 | 0.7% | 36,463,907 | 1.3% | 1.4% |
| Total Services | \$ 2,692,571,206 | 97.9% | \$ 27,381,513 | 95.7% | \$ 2,719,952,719 | 97.9% | 97.7% |
| Medicare, Part A Premiums | 6,034 | 0.0% | 533,061 | 1.9% | 539,095 | 0.0% | 0.0% |
| Medicare, Part B Premiums | 54,464,353 | 2.0% | 677,494 | 2.4% | 55,141,847 | 2.0% | 1.9% |
| HMO Premiums | 3,589,944 | 0.1% | 31,908 | 0.1% | 3,621,853 | 0.1% | 0.4% |
| Total Premiums | \$ 58,060,331 | 2.1% | \$ 1,242,464 | 4.3% | \$ 59,302,795 | 2.1% | 2.3% |
| Grand Total Services & Premiums | \$ 2,750,631,537 | 100.0% | \$ 28,623,976 | 100.0% | \$ 2,779,255,514 | 100.0% | 100.0% |
| Medicare Crossovers* | \$ 70,107,822 | | \$ 774,747 | | \$ 70,882,569 | | |
| Number of Disabled/Blind Recipients | 229,900 | | 2,266 | | 232,166 | | |
| Service Expenditures Per Recipient** | \$ 11,964 | | \$ 12,632 | | \$ 11,971 | | |

* Medicare Crossovers are amounts that are billed to Medicare for those Medicaid clients who are also eligible for Medicare.

** Service Expenditures Per Recipient does not include adjustments, settlements or administrative costs.

Source: SFY 2003 Program Expenditure Report